

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006882 (2)
 1. Corporation Name
PIONEER - RAM, INCORPORATED



Principal Place of Business 5000 E. 29TH ST., NORTH WICHITA KS 67220	Mailing Address 5000 E. 29TH ST., NORTH WICHITA KS 67220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4490-B S.W. 34th St Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32811	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Orange	Country 25 Orange	Country 30
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3. Date Incorporated or Qualified 12/31/1996	4. FEI Number 48-1192385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SRINIVASAN, GRANDAI	1.2 NAME	Ted A. Vlamis
STREET ADDRESS	4490-B SW 34TH STREET	1.3 STREET ADDRESS	5000 E. 29th St North
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Wichita, KS 67220
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLAMIS, BETTY	2.2 NAME	
STREET ADDRESS	5000 E 29TH ST. NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, JOE	3.2 NAME	
STREET ADDRESS	5000 E 29TH ST. NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VLAMIS, TED A	4.2 NAME	
STREET ADDRESS	5000 E 29TH ST. NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joe K. Dillard* (Joe K. Dillard, Treasurer, 1/28/98, (316) 695-2266)

CR2E034 (10/97)